

## **Golfers Claim Form** Policy/ Certificate No.

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The issuance of this form is not an admission of liability. It should be completed as fully and accurately as possible and returned immediately.

A. POLICY INFORMATION		
Policyholder's Full Name		
B. CLAIMANT DETAILS		
Full Name	NRIC/Passport No.	
Membership Number	Mobile No.	
Email		
C. LOSS DETAILS		
Date and Time	Place	
Describe fully how it occurred & nature of loss or damage		

### **D. PARTICULARS OF CLAIM**

Description of lost/damaged item(s) (Brand, make & model)	Nature & Extent of damage	Date & Place of purchase	Purchase Price	Cost of repair or replacement	Deduction for age, use and/or wear & tear	Amount Claimed

# E. HOLE-IN-ONE ACHIEVEMENT Date Hole-In-One was achieved (dd/mm/yyyy) Golf course at which Hole-In-One was achieved

F. PERSONAL ACCIDENT AND MEDICAL EXPENSES					
Nature of injury sustained					
Body part injured	Amount claimed				
G. LIABILITY TO THE PUBLIC					
Details of Third Parties					
Name A	Address Nature of Injury / Extent of Damage				
Has a claim been made upon you in respect of this accident'	2				
No Yes What is the amount claimed?					
Have you in any way admitted liability?					
No Yes Please state reason:	Yes Please state reason:				
Was the accident contributed to or caused by negligence on the part of the third party?					
No Yes In what way was the third party negligent?					
H . OTHER INSURANCE / INFORMATION					
Is there any other insurance covering this incident? No Yes					
If Yes, please state Name of Insurance Company and Policy Number					
I. BANK ACCOUNT DETAILS (for direct transfer to your bank	account)				
Name (as per bank account)					
Bank Name	Bank Code				
Account No.	Branch Code				

Email (for payment notification)

#### J. DECLARATION, AUTHORISATION & CUSTOMER'S DATA PRIVACY CONSENT

#### TO BE COMPLETED BY GOLFER / CLAIMANT

[Declaration] I/We confirm that I am/We are the claimant and/or the Policyholder and I/We declare that all the particulars given above are to the best of my/our knowledge true and correct.

[Authorisation] Where applicable, I / We hereby consent to and authorise the medical practitioner involved in the claimant's care to discuss and disclose treatment details and discharge arrangements with and to HSBC Life (Singapore) Pte. Ltd. I/ We agree that a copy of this consent shall have the validity of the original.

[Customer's Data Privacy Consent] In connection with my/our and/or the claimant's claims, I/We give consent for HSBC Life (Singapore) Pte. Ltd. ("HSBC Life") and their respective representatives or agents to **collect**, **use**, **store**, **transfer** and/or **disclose** the information (including that provided by sources other than myself) concerning me/us and/or the claimant, to or with all such persons (including any member of the HSBC Group or any third party service provider, and whether within or outside of Singapore and the Policyholder when claiming under a Group Policy) for the purpose of enabling HSBC Life and their respective representatives or agents to provide me/us and/or the claimant (where applicable) with services required of an insurance provider, including the evaluating, processing, administering and/or managing my/our and/or the claimant's claims or the Policyholder Group Policy(ies) with HSBC Life (as the case may be), and for the purposes set out in the Data Use Statement which can be found at www.hsbclife.com.sg ("Purposes").

Date:

Date: \_\_\_\_\_

Name of Golfer / Claimant

Signature of Golfer / Claimant

#### TO BE COMPLETED BY GOLF CLUB

I hereby declare that the damaged golf club has been shown to me and I confirm that the damaged sustained is not due to wear and tear and is consistent with what the above member has reported.

Name of Insured

Signature of Insured

Date: \_\_\_

Company Stamp

#### K. DOCUMENTS REQUIRED FOR CLAIM ASSESSMENT

Below is a list of minimum documentation required to process your claim. Please retain an original copy of the supporting documents listed below as they may be required for your claim. In certain circumstances, additional information may be required in order for further confirmation.

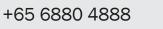
(Please tick against the documents you have submitted)
Colour photograph of the damaged item(s)
Repair / Replacement receipts
Police Report / Incident Report from the Club
Original bills / F&B bill / scorecard / Hole-In-One Certificate
Original medical bills / medical report, if applicable
Please do not admit liability without the written consent of HSBC Life.

Forward to us all correspondences including writ of summons which you may receive from any third party/parties or their representatives immediately and unanswered



www.hsbclife.com.sg (Claim Section)







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